| United States District Court |
|------------------------------|
| for the |

| | for the | | | | |
|--|---|--|--|--|--|
| District of | | | | | |
| Plaintiff(s) V. Defendant(s) |)))) Civil Action No.))) | | | | |
| SUMMONS IN A CIVIL ACTION | | | | | |
| To: (Defendant's name and address) | | | | | |
| A lawsuit has been filed against you. | | | | | |
| are the United States or a United States agency, or an off P. 12 (a)(2) or (3) — you must serve on the plaintiff an a | you (not counting the day you received it) — or 60 days if you ficer or employee of the United States described in Fed. R. Civ. answer to the attached complaint or a motion under Rule 12 of tion must be served on the plaintiff or plaintiff's attorney, | | | | |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court. **CLERK OF COURT** | | | | | |
| Date: | Signature of Clerk or Deputy Clerk | | | | |

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | This summons for (no | ame of individual and title, if an | ny) | | | |
|---------|---|------------------------------------|---------------------------------|------|--|--|
| was rec | ceived by me on (date) | | <u> </u> | | | |
| | ☐ I personally served | d the summons on the ind | ividual at (place) | | | |
| | | | on (date) | ; or | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | , a person of suitable age and discretion who resides | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | ☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | | | | |
| | _ | | on (date) | ; or | | |
| | ☐ I returned the sum | e | ; or | | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| Date: | | | | | | |
| | | _ | Server's signature | | | |
| | | _ | Printed name and title | | | |
| | | _ | Server's address | | | |

Additional information regarding attempted service, etc: